

TO: Postmaster/Station Manager

DATE: _____

PHONE: _____

Postal FAX: _____

FROM: _____
(Print Your Name)

I certify that the address information for this individual/address is required for the performance of this Agency's official duties.

Signature: _____
Agency: Lincoln Police Department Lincoln NE
Phone No: _____

Title: _____
Email: _____
FAX No: _____

The phone number, fax, and address of a post office can be found at www.USPS.com. Select **LOCATE A POST OFFICE**, enter the ZIP Code, and click on **MORE INFO**; or call 800-ASK-USPS.

ADDRESS INFORMATION REQUEST FOR

NAME or ALL NAMES _____

LAST KNOWN ADDRESS: _____

CITY STATE & ZIP: _____

FOR POST OFFICE USE ONLY

***NOTE: REPLY DIRECTLY TO REQUESTING AGENCY PERSONALLY, OR VIA FAX OR EMAIL ASAP**

CHECK ALL THAT APPLY

() Mail is delivered to address and name(s) given

() No such person at that address

() No such address

() **Moved**

() Moved, Left No Forwarding – Date: _____

() **Box holder information**

() One Stop Drop: No individual names are given.

NEW ADDRESS AS OF _____ (Date)

PHYSICAL ADDRESS

